

4823

MARGIN RESERVED FOR BINDING

N. B. WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

STANDARD CERTIFICATE OF DEATH

Arizona State Board of Health

BUREAU OF VITAL STATISTICS

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1. PLACE OF DEATH

County Pima State ARIZONA Registered No. 672
 Township _____ or Village _____
 City Tucson No. Pima County Hospital St. _____ Ward _____
 (If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 4 yrs. — mos. — ds. How long in U. S. if of foreign birth? 36 yrs. — mos. — ds.

2. FULL NAME Maria Leal How long in State when death occurred? — yrs. — mos. — ds.

(a) Residence: No. 936 South Meyer St. _____ Ward _____
 (Usual place of abode) (If non-resident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE Mexican 5. SINGLE, MARRIED, WIDOWED, or DIVORCED. (Write the word) Widowed
 6a. If married, widowed, or divorced HUSBAND of Valente Leal (or) WIFE of _____
 6. DATE OF BIRTH (month, day, and year) Aug. 16 1891
 7. AGE Years 48 Months 0 Days 22 If LESS than 1 day, — hrs. or — min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____
 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (city or town) Mexico (State or Country)

13. NAME Yoidoro Marquez

14. BIRTHPLACE (city or town) Mexico (State or Country)

15. MAIDEN NAME Eunhemia Morgan

16. BIRTHPLACE (city or town) Mexico (State or Country)

17. INFORMANT County Hosp records (Address) Tucson Arizona

18. BURIAL, CREMATION, OR REMOVAL Place Holy Hope Cem Date 9/9/39 19.

19. EMBALMER License No. 184 Signature W. H. Parker

FUNERAL DIRECTOR Verna E Yocum 74 A Address Arizona Mortuary Tucson

20. Filed 9-9-39, 19 — — — Registrar R. J. Howard

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Sent 8, 19 39

22. I HEREBY CERTIFY, That I attended deceased from 8-17-39 to 9-7-39, 1939

I last saw her alive on 9-7, 1939; death is said to have occurred on the date stated above, at 12:00 P.M.

The principal cause of death and related causes of importance were as follows: Cancer of cervix Date of Onset _____

Other contributory causes of importance: Remarriage

Name of operation Roy & Radwin Date of op. Aug. 20

What test confirmed diagnosis? Micro Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 19—

Where did injury occur? _____ (Specify city or town, county and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify _____

(Signed) Gordon Reynolds M. D.

(Address) 1401 N. Stone

Back of Certificate to be used for any Additional Information